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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |   | Docket Number (Optional)    |
|--|---|-----------------------------|
| <b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>  |   | 051875-405945               |
| Application Number 10/599694   |   | Filed January 19, 2007      |
| For LIQUIDS  |   |                             |
| Art Unit 1796  |   | Examiner Douglas J. McGinty |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |   |                             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |   |                             |
|  | <u>Fee</u>  | <u>Small Entity Fee</u>     |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130   | \$65                        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490   | \$245                       |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110  | \$555                       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730  | \$865                       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350  | \$1175                      |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1662</u> . |   |                             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b><br>Provide credit card information and authorization on PTO-2038.   |   |                             |
| I am the   | <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br><input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>57769</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br><small>Registration number if acting under 37 CFR 1.34</small> _____ |                             |
| /Shirley T. Bissen/  | December 18, 2009   |                             |
| Signature  | Date  |                             |
| Shirley T. Bissen  | 314-889-8000  |                             |
| Typed or printed name  | Telephone Number  |                             |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

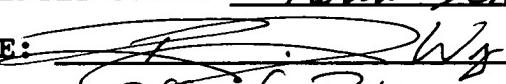
Total of 1 forms are submitted.

12/21/2009 INTEFSW 00002174 501662 10599694  
02 FC:2253 555.00 CR

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR PATENT FEE REFUND**

|   |                         |                                |              |
|---|-------------------------|--------------------------------|--------------|
| 1 Date of Request:  | 2 Serial/Patent # _____ |                                |              |
| 3 Please refund the following fee(s):   |                         | 4 PAPER NUMBER                 | 5 DATE FILED |
| <input type="checkbox"/> Filing   |                         |                                | \$           |
| <input type="checkbox"/> Amendment  |                         |                                | \$           |
| <input checked="" type="checkbox"/> Extension of Time   |                         | 12/21/09                       | \$ 555.00    |
| <input type="checkbox"/> Notice of Appeal/Appeal  |                         |                                | \$           |
| <input type="checkbox"/> Petition   |                         |                                | \$           |
| <input type="checkbox"/> Issue  |                         |                                | \$           |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.  |                         |                                | \$           |
| <input type="checkbox"/> Maintenance  |                         |                                | \$           |
| <input type="checkbox"/> Assignment   |                         |                                | \$           |
| <input type="checkbox"/> Other  |                         |                                | \$           |
|   |                         | 7 TOTAL AMOUNT OF REFUND       | \$ 555.00    |
|   |                         | 8 TO BE REFUNDED BY:           |              |
| 10 REASON:  |                         | Treasury Check                 |              |
| <input type="checkbox"/> Overpayment  |                         | Credit Deposit A/C #:          |              |
| <input type="checkbox"/> Duplicate Payment  |                         | 9 50 -- 1662                   |              |
| No Fee Due (Explanation):<br><br><i>Fee unnecessary as it was filed outside the maximum extendable time period.</i> |                         |                                |              |
| 11 REFUND REQUESTED BY:   |                         |                                |              |
| TYPED/PRINTED NAME: <u>Robert DenNitt</u>   |                         | TITLE: <u>Attorney Advisor</u> |              |
| SIGNATURE:                       |                         | PHONE: <u>571-272-6051</u>     |              |
| OFFICE: <u>Office of Petitions</u>  |                         | *****                          |              |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****   |                         |                                |              |
| APPROVED: <u>Chloé</u>  |                         | DATE: <u>2/7/11</u>            |              |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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